LOCAL USE Please Print or Type

STATE OF NEW HAMPSHIRE MOTOR CARRIER ACCIDENT REPORT

M.V. USE ONLY
No. _____ Date Rec'd: _____
Amended Report:

Date of Accident	Day of Week	Time of Accident (Military)	City/Town	County

General Instructions - Complete this form for **EACH** qualifying vehicle if the crash meets the criteria on the back of this form.

Qualifying Information

Check one:

This form is being completed because this vehicle is:

- ☐ A truck or truck combination > 10,000 lbs. GVWR/GCWR
- ☐ A bus with seats for 9 or more persons, including driver
- ☐ A vehicle of any type (auto, light truck, van, 10,000 lbs. or less) with a hazardous materials placard

Number of:

- Total involved vehicles in the crash:
- Persons sustaining fatal injuries:
- Injured persons transported for **immediate** medical treatment:
- Vehicles towed from scene due to **disabling damage**:

At the Time of the Crash, THIS Vehicle was:

☐ Operating on a Trafficway open to the public (In-Transport) ☐ Parked on or off the Trafficway

Vehicle Information

Vehicle Configuration: ☐ (enter one code from below)

1 Passenger Car (only if vehicle has Hazardous Materials Placard)
2 Light Truck (only if vehicle has Hazardous Materials Placard)
3 Bus (seats for 9-15 people, including driver)
4 Bus (seats for 16 people or more, including driver)
5 Single-Unit Truck (2 axles, 6 tires)
6 Single-Unit Truck (3 or more axles)
7 Truck/Trailer(s) [Single-Unit Truck with Trailer(s)]
8 Truck/Tractor (without trailer, bobtail or saddlemount)
9 Tractor/Semi-Trailer (one trailer)
10 Tractor/Doubles (two trailers)
11 Tractor/Triples (three trailers)
98 Other Truck >10,000 lbs. (not listed above)

GVWR/GCWR (use GCWR for truck combinations): ☐

1 10,000 lbs. or less
2 10,001 – 26,000 lbs.
3 Greater than 26,000 lbs.

Bus Use: ☐

0 Not a Bus
1 School (Public or Private)
2 Transit
3 Intercity
4 Charter
5 Other

Cargo Body Type: ☐ (enter one code from below)

0 Not Applicable/No Cargo Body
1 Bus (seats for 9-15 people, including driver)
2 Bus (seats for 16 people or more, including driver)
3 Van/Enclosed Box
4 Cargo Tank
5 Flatbed
6 Dump
7 Concrete Mixer
8 Auto Transporter
9 Garbage/Refuse
10 Grain, Chips, Gravel
11 Pole
12 Log
13 Intermodal Chassis
14 Vehicle Towing Another Motor Vehicle
98 Other Cargo Body (not listed above)

Hazardous Materials Involvement:

Did the vehicle have a Haz Mat Placard? ☐ YES ☐ NO

If YES, include the following information from the Placard:

A. HM 4-Digit # or name from diamond or box:
B. HM Class # from bottom of diamond:

Was Haz Mat released from THIS vehicle's cargo? ☐ YES ☐ NO

Motor Carrier Information

Check One:

☐ Interstate Carrier ☐ Intrastate Carrier ☐ Not In Commerce-Government ☐ Not In Commerce-Other Trucks (Over 10,000 lbs. GVWR/GCWR)

Carrier Name: _____

Carrier Street Address (P.O. Box only if no street address): _____

City/State/Zip: _____ Phone #: _____

Carrier Identification Number(s): NONE _____ USDOT# _____ MC/MX# _____ State# _____

Sequence of Events

Note: For **THIS** vehicle - list up to four: Event 1 ☐ Event 2 ☐ Event 3 ☐ Event 4 ☐

Non-Collisions

1 Ran Off Road
2 Jackknife
3 Overturn (Rollover)
4 Downhill Runaway
5 Cargo Loss or Shift
6 Explosion or Fire
7 Separation of Units

Non-Collisions (cont.)

8 Cross Median/Centerline
9 Equipment Failure (tire, brakes, steering, etc.)
10 Other Non-Collision

Collision Involving/With

12 Pedestrian
13 Motor Vehicle In-Transport
14 Parked Motor Vehicle

Collision Involving/With (cont.)

15 Train
16 Pedalcycle
17 Animal
18 Fixed Object
19 Work Zone Maintenance Equipment
20 Other Moveable Object
98 Other (Describe) _____

Signature of Officer	Dept./Div./Troop	Badge #	Date of Report	Reviewed By:	Photos Taken: YES NO Taken By: _____

Sample

Reporting Criteria for Truck and Bus Crashes

IF THIS CRASH INCLUDES:

at least one motor vehicle in-transport operating on a trafficway open to the public, which results in:

A FATALITY: Any person(s) killed in or outside of any vehicle (truck, bus, car, etc.) involved in the crash or who dies within 30 days of the crash as a result of an injury sustained in the crash, **OR**

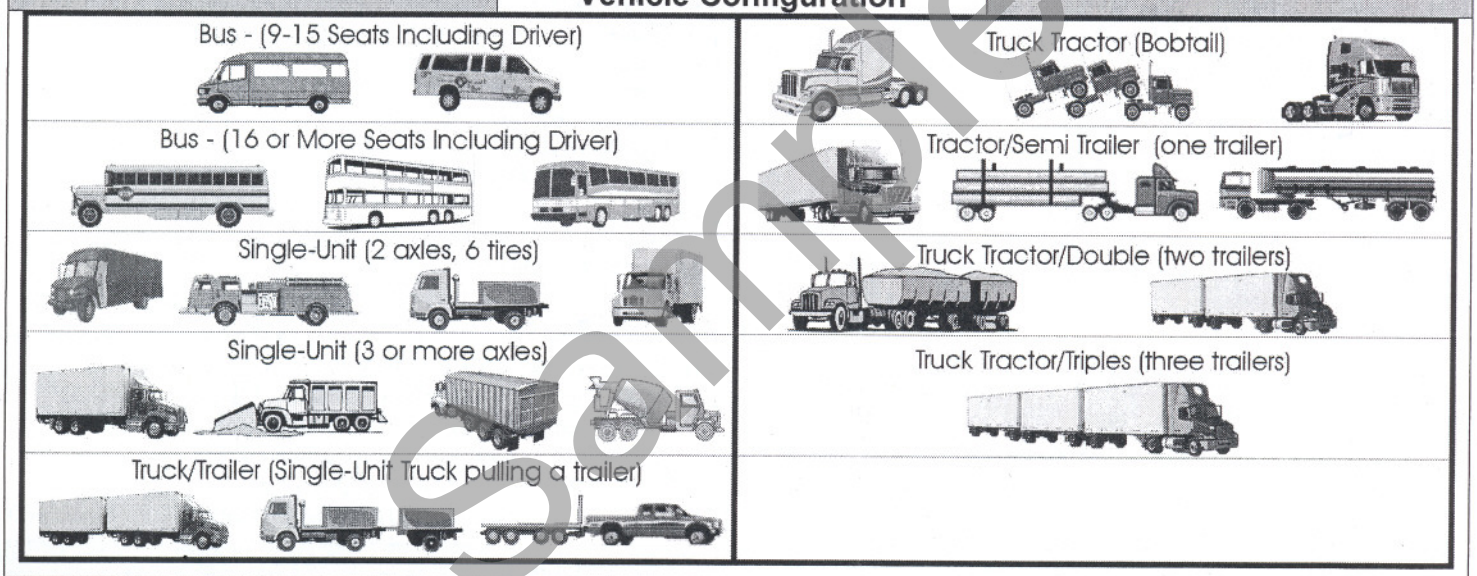
AN INJURY: Any person(s) injured as a result of the crash who immediately receives medical treatment away from the crash scene, **OR**

A TOW-AWAY: Any motor vehicle (truck, bus, car, etc.) disabled as a result of the crash and transported away from the scene by a tow truck or other vehicle.

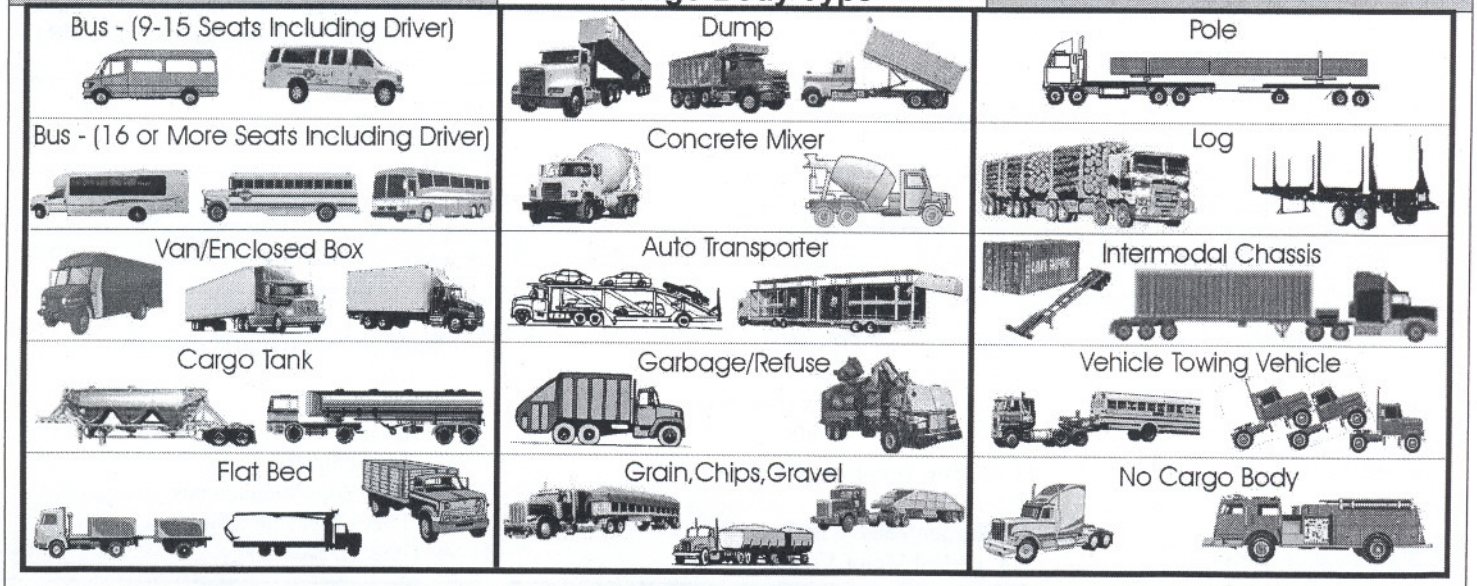
THEN COMPLETE THIS SUPPLEMENT FOR EACH OF THE FOLLOWING INVOLVED VEHICLES:

1. Any truck having a gross vehicle weight rating (GVWR) of more than 10,000 pounds or a gross combination weight rating (GCWR) over 10,000 pounds used on public highways,
2. Any motor vehicle with seats to transport nine (9) or more people, including the driver's seat,
3. Any vehicle displaying a hazardous materials placard (regardless of weight).

Vehicle Configuration



Cargo Body Type



Sample